

☐ INITIAL PLAN ☐ REVISED PLAN (Mark Substitution with *) ☐ FINAL PLAN

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EDUCATIONAL PLAN FOR GEV PROGRAM

DATES FROM (Day, month, year)

TO

| REQUIREMENT | DEPT/COURSE NO. | COURSE TITLE | CREDIT HOURS | ESTIMATED COST |
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DATES FROM (Day, month, year)

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| <input type="checkbox"/> DISSERTATION <input type="checkbox"/> THESIS <input type="checkbox"/> MAJOR REPORT | | TITLE | | |
| THESIS RESEARCH DESCRIPTION <i>(If additional space is required, continue on reverse)</i> | | | | |
| NUMBER OF CREDIT LISTED IN THIS PLAN TOTAL | | TRANSFER CREDIT ALLOWED FOR DEGREE | | TOTAL CREDITS REQUIRED FOR DEGREE |
| DEGREE <input type="checkbox"/> AWARDED <input type="checkbox"/> TO BE AWARDED | | OF | | DATE |